

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001624

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DATE
SUB
AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 6 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

45 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Menorah Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
6347 SNI-A-BAR Rd

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Lewis

Middle

G.

Last

Dore

4. DATE OF DEATH

Month

JANUARY 18, 1962

Day

Year

5. SEX

Male

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept 23, 1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Stamp Co President

10b. KIND OF BUSINESS OR INDUSTRY

STAMP CO

11. BIRTHPLACE (City and state or country)

Spring Valley Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Michael Dore

13b. MOTHER'S MAIDEN NAME

Edith Smith

14. NAME OF HUSBAND OR WIFE

MARGUERITE DORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

40 MARGUERITE DORE

17. INFORMANT

6347 SNI-A-BAR

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

DUE TO (b)

Acute Coronary Thrombosis

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rheumatic Heart Disease & Aortic Stenosis - Cerebral Embolism

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1948

to

Jan 18, 1962

and last saw him alive on

Jan 18, 1962

Death occurred at

8

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Jack W. Wolf M.D.

22b. ADDRESS

409 E. 63 St
Kansas City, Mo.

22c. DATE SIGNED

1/19/62

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

JAN. 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

23d. LOCATION (City, town, or county)

KANSAS CITY MO.

24. FUNERAL DIRECTOR

Muehlebach

ADDRESS

6800 Troost

25. DATE RECD. BY LOCAL REG.

1-19-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JACK W. WOLF

dr. Wolf
409 E 132d.
Now

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Danny C. Kearns. Student Embalmer No. 647
working under my personal supervision.

Student Danny C. Kearns
Signature of Student Embalmer

Signed E. D. Pelson

Licensed Embalmer No. 4421

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.